#### **APPLICATION DATA SHEET**

#### **Application Information**

Application number::

Filing Date::

**Application Type::** 

Subject Matter::

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title ::

Attorney Docket Number::

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

**Total Drawing Sheets::** 

Small Entity?::

Petition included?::

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

None

Regular

Utility

No

No

LPAAT-BETA INHIBITORS AND USES

THEREOF

200144.405D1

No

No

21 Yes

No

No

## **First Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert

Middle Name::

Family Name:: Finney

Name Suffix::

City of Residence:: Shoreline

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 16847 1st Avenue NW

City of mailing address:: Shoreline

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98177

## **Second Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Lynn

Middle Name::

Family Name:: Bonham

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 201 Galer Street #270

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98109

### **Third Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Baoqing

Middle Name::

Family Name:: Gong

Name Suffix::

City of Residence:: Shoreline

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 2324 N 178th Street

City of mailing address:: Shoreline

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98133

## F urth Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: M

Family Name:: Hollenback

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 911 NW 60th Street

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98107

#### Fifth Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: J

Middle Name:: Peter

Family Name:: Klein

Name Suffix::

City of Residence:: Vashon

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 18822 Ridge Road SW

City of mailing address:: Vashon

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98070

#### **Sixth Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: W

Family Name:: Leung

Name Suffix::

City of Residence:: Mercer Island

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 7625 Mercer Way

City of mailing address:: Mercer Island

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98040

### **Seventh Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Scott

Middle Name:: A

Family Name:: Shaffer

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 6815 21st Avenue NE

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98115

## **Eighth Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Norina

Middle Name:: M

Family Name:: Tang

Name Suffix::

City of Residence:: Ann Arbor

State or Province of Residence:: MI

Country of Residence:: US

Street of mailing address:: 2096 Greenview

City of mailing address::

Ann Arbor

State or Province of mailing address:: MI

Country of mailing address:: US

Postal or Zip Code of mailing address:: 48103

## **Ninth Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name::

Family Name:: Tulinsky

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 15 Aloha Street, Apartment 6

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98109

#### **Tenth Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Thayer

Middle Name::

Family Name:: White

Name Suffix::

City of Residence:: Bellevue

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing-address:: 8651 NE 17th Street

City of mailing address:: Bellevue

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98004

## **Correspondence Information**

Correspondence Customer Number :: 00500

Phone number:: 206.622.4900

Fax Number: 206.682.6032

E-Mail address:: richards@seedlaw.com or

rsharkey@seedlaw.com

## **Representative Information**

Representative Customer Number::	00500
·	

## **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional	10/236,084	09/06/02
10/236,084	Continuation	09/984,888	10/31/01
09/984,888	An Application claiming the benefit under 35 U.S.C. 119(e)	60/244,195	10/31/00

# **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

# **Assignee Information**

Assignee name::	Cell Therapeutics, Inc.
Street of mailing address::	501 Elliott Avenue W, Suite 400
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98119

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